



INFORMED CONSENT & SERVICES AGREEMENT

Welcome to the Young Mind Center. The purpose of this document is to provide written information regarding the expected outcomes, risks, benefits and alternatives to the various services provided by the Young Mind Center. Additionally, this agreement describes Young Mind Center policies, including billing. This information is provided to you in addition to the discussion you have had with Young Mind Center team members. Please read this entire document carefully. You must indicate your understanding of this information by providing your initials where indicated and signature at the end of this form.

About Our Providers

Our providers, which include psychologists, behavior analysts, behavior technicians, and other specialists (herein also referred to as "provider (s)") are governed by various laws and regulations, as well as codes of ethics set forth by their respective boards, including the American Psychological Association and Behavior Analytic Certification Board. These ethics codes require that we explain your rights as a client and our responsibilities as your treatment provider. Please read the following information carefully and write down any questions you might have so you can discuss them with your provider at your next appointment.

Young Mind Center is comprised of professionals with expertise in the fields of school and clinical psychology, behavior analysis, occupational therapy, and speech and language pathology. All providers employed or contracted with Young Mind Center are appropriately credentialed, licensed, and insured in accordance with the requirements of each provider's specific profession.

As an organization committed to the development of experts in the field of neurodevelopmental disorders, Young Mind Center is an approved training sites for both undergraduate and graduate- level interns in the fields of psychology and behavior analysis. Additionally, YMC is an APPLIC-accredited training site for post-doctoral psychology residents. Licensed clinicians directly supervise all practicum students, interns, and residents and are ultimately responsible for any services they provide. Clients are always notified in advance if an intern or resident will be involved in their child's treatment and have the right to decline these services. _____ **Initial**

About Our Services

Our services take a variety of forms depending on the needs of the client and the particular issues you would like to address. To address the presenting issues, we use such methods as consultation, psychological assessment, and various therapies. Working with our providers is unlike a visit to a medical doctor; it calls for active participation on the part of the client.

Psychological Assessments

Psychological, psychodiagnostic, and psychoeducational evaluations, are included under this agreement. Unless otherwise indicated, these services are billed at an hourly rate and may include observations, assessment, assessment scoring, teacher/parent interviews, report writing, and meeting attendance. While the risks involved in assessment are less than those of typical psychotherapy, the limits of confidentiality are the same and can be read in the confidentiality section of this agreement.

Independent Educational Evaluation (IEE)

An IEE is an evaluation to determine a student's current level of functioning and how this impacts their academic performance. Typically, these services are paid for directly by a school or school district; however, in some circumstances, a parent may request and privately pay for an IEE and later seek reimbursement from the district. Rates are determined and agreed to by all parties involved prior to the provider rendering services. Often, these fees do not include the provider attending the school/team meeting to interpret the findings and recommendations. However, this service is available and additional charges may apply.

Applied Behavior Analysis (ABA) Services

Applied behavior analysis is a systematic approach to the evaluation of behavior and the implementation of interventions to cause behavior change. For children with autism spectrum disorders, ABA therapy is among the evidence-based best practices in therapeutic and educational interventions. Our goal is to create an individualized therapy plan for each child and family that results in long-lasting positive outcomes. This process may start with a functional behavioral assessment, which is a problem-solving process used to address behaviors and determine their purpose. Intervention techniques are developed based on the assessment to directly address and modify the behavior. Our direct ABA services are provided by Registered Behavior Technicians (RBTs) and overseen by Licensed and Board-Certified Behavior Analysts (LBAs, BCBAs).

Individual Therapy

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of life, you or your child may experience uncomfortable feelings such as sadness, guilt, anger, frustration, loneliness, and helplessness. Alternatively, psychotherapy has also been shown to have benefits including better relationships, solutions to specific problems, and significant reductions in feelings of distress. There are no guarantees of the type of feelings or results that you or your child will experience. The first one to two sessions typically involve an evaluation of you or your child's needs. At the end of the evaluation, the provider will be able to offer you some first impressions of what the work will entail and a course of action, if you decide to continue. You should evaluate this information and decide if you feel comfortable working with the provider. The professional relationship is strictly voluntary.

Speech-Language Pathology

Speech-language pathologists (SLPs) address delays in swallowing/feeding, communication, language, speech, and emergent literacy. Because effective communication is fundamental to all human interactions, particularly social interaction and learning, our SLPs play a key role in understanding a child's difficulties to develop and implement a plan designed to optimize their communication skills.

Occupational Therapy

Occupational therapists (OTs) support and promote the development and engagement of children and their families and caregivers in everyday routines, including activities of daily living, education, and play and social interactions. Because daily activities and routines are an important part of a child's learning and development, our OTs play a key role in identifying a child's adaptive challenges to develop and implement strategies designed to support the development of their independent life skills.

Professional Fees

Psychological Services. Our current private pay hourly fee is \$200 for in-office appointments and other professional services and is billed incrementally for periods of service less than 60 minutes. These other services may include report writing, telephone conversations over 15 minutes, attendance at meetings with other professionals at your request (e.g., IEP meetings), preparation of records or treatment summaries, and time spent performing any other services you request.

Field Visit Fees. A visit to school, home, or other community activity may be required as part of an assessment. The fee for a one-hour field visit is \$275 within 25 miles of the Young Mind Center office. Any distance traveled over 25 miles will be billed at a rate of \$3.50 per additional mile from the office. For example, a visit to a location that is 30 miles from the office would be an additional 5 miles, which would be a total of \$292.50 [$\$275 + (5 \times \$3.50)$]. The fee for a longer field visit increases incrementally at a rate of \$200 per hour.

Legal Proceedings. Fees for expert witness testimony and legal proceedings are higher because of the involvement and complexities of each case. The fee for legal preparation and proceeding attendance is \$400 per hour. If you become involved in legal proceedings that require our participation, you will be expected to pay for our professional time even if one of our providers is called to testify by another party.

Specialty Services. Specialty therapy services, which includes those provided by our RBTs, BCBAs, SLPs, OTs, and other specialty providers are billed at hourly rates that vary depending on the specialty and range from \$60 to \$200 per hour.

Appointments & Cancellations

We will do our best to accommodate your schedule to permit you to set appointments with our office at a time that is convenient for you. To secure your appointment, we require a \$50 booking fee and a credit card number to be placed

on file. You may always provide an alternative form of payment at the time of service, and your card will only be charged as outlined in this document. The booking fee will be applied to the cost of services rendered and will be refunded if services are covered by a third party (e.g., insurance, school district). _____ **Initial**

We require 24-hour notice if you must change or cancel an appointment. In the event that you must cancel your appointment without providing sufficient notice, your credit card on file will be billed \$50. We will attempt to reschedule your appointment within the week to allow you to come in to the office for your missed appointment as soon as possible. _____ **Initial**

Clients who receive recurring therapy sessions must agree to abide by the policies set forth in the Clinical Services Agreement, which include information related to scheduling, modifying, and cancelling appointments. _____ **Initial**

Billing and Payment

Payment is due in full at the time service is rendered unless a payment plan has been prearranged. If you are using insurance and have already met any plan deductible, your co-payment as determined by your insurance provider is due at the time of service. If you have not met your deductible, you will be responsible for payment in full at the time of service until your deductible has been met. Please keep in mind that even if you are using insurance, your case may require services that are not covered, which are to be paid in full at the time of service. These uncovered services include testing and field visits. _____ **Initial**

Past Due Payments

If your account has not been paid for more than 60 days and payment arrangements have not been agreed upon, we may use any legal means available to us to secure the payment. If such legal action is necessary, the associated costs of collection will be included in the claim. In most collection situations, the only information released regarding a client's treatment is their name, the nature of the service provided, and the amount due. _____ **Initial**

Insurance Reimbursement

In order to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your services. If you have a health insurance policy, it will usually provide some coverage for mental health treatment; however, you (not your insurance company) are responsible for full payment of our fees. Any fees not paid by your insurance company will be billed to your credit card on file. For this reason, it is important that you determine exactly what mental health services your insurance policy covers. You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. _____ **Initial**

You should also be aware that most insurance companies require you to authorize us to provide them with a clinical diagnosis. Sometimes we have to provide additional clinical information such as treatment plans or summaries, or, in rare cases, copies of the entire record. This information will become a part of the insurance company files and will probably be stored in a computer database. Though all insurance companies claim to keep such information confidential, we have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical databank. We will provide you with a copy of any report submitted if you request it. _____ **Initial**

Contacting Us

Our professionals and staff may not be immediately available by telephone. In the event you need immediate assistance, please call 911 or go to the nearest emergency room. For non-emergency communication, you can leave a message on our confidential voicemail, which is checked regularly. Every effort will be made to return your phone call within 24 hours, with the exception of weekends and holidays. If you are difficult to reach, please inform us of times you will be available. If your provider is unavailable for an extended holiday, they will provide you with the name of a colleague to contact, if necessary.

Professional Records

The law and standards of our profession require that we keep treatment records. You are entitled to receive a copy of your records, or we can prepare a summary for you instead. Because these are professional records, they can be misinterpreted by and/or upsetting to untrained readers. If you wish to see your records, it is recommended that you review them in your provider's presence so that you can discuss the contents together. Clients will be charged an appropriate fee for any professional time spent in responding to information requests.

Minors

For clients under 18 years of age, please be aware that the law might provide parents with the right to examine treatment records. We provide parents with general information about a minor's treatment with us, unless it is determined there is a high risk and the client poses serious harm to themselves or someone else. In this case, we will notify parents of our concern. We will also provide parents with a summary of treatment when completed. Before giving parents any information, the provider will discuss the matter with the minor, if possible, and do their best to handle any objections the minor may have about what the provider is prepared to discuss.

Confidentiality

In general, the law protects the privacy of all communications between a client and a treatment provider, and we can release information to others only with your written permission. However, there are some situations in which the treatment provider is legally obligated to act to protect others from harm, even if it means revealing some information about a client's treatment. For example:

- If it is believed that a child, elderly person, or disabled person, is being abused, your provider must file a report with the appropriate state agency;
- If it is believed a client is threatening serious bodily harm to another, your provider is required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client;
- If the client threatens to harm himself or herself, your provider may be obligated to seek hospitalization for the client or to contact family members or others who can help provide protection.

Our providers may occasionally find it helpful to consult other professionals about a case. During a consultation, the provider makes every effort to avoid revealing the identity of the client. The consultant is also legally bound to keep the information confidential. If you do not object, you will not be informed of these consultations unless it is deemed important to treatment.

While these written exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. We will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and we are not legal professionals.

Electronic Communication

By signing below, you also authorize the use of electronic mail for any and all correspondence with Young Mind Center, Young Mind Community Center and its treatment providers, including scheduling, information gathering, and for the delivery of reports and other official documents. You should understand that this means that confidential documents may be sent over the internet, which is not always a secure form of communication. Consent for electronic communication may be withdrawn at any time by notifying Young Mind Center in writing at the following address: 3202 E. Mountain View Rd., Phoenix, AZ 85028. _____ **Initial**

Audio/Video/Photography Consent

By signing below, you authorize your child/client to be audiotaped, videotaped, and/or photographed as needed for the purposes of treatment, progress monitoring, data collection, training, and identification. This information/material will not be shared with outside agencies/individuals or used for any other purposes without prior the written consent of parent/client. _____ **Initial**

I have been advised of the nature and probable results, the associated risks, and alternatives to the treatments and services offered by the Young Mind Center.

I, _____, consent to participate in, or authorize _____,
PRINT NAME OF PARENT/GUARDIAN PRINT CHILD'S NAME
to participate in assessment, evaluation, treatment and/or other services deemed necessary or advisable by Young Mind Center clinicians. I understand and agree to the policies outlined in this document.

PARENT/ GUARDIAN SIGNATURE

DATE